



HCBS CASE CLOSURE/TRANSFER NOTICE

DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES/HCBS

SFN 474 (4-2006)

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Closure/Denial Section

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Closure Codes:

- B - Transferred to Basic Care
- C - Client Discontinued/Refused Service
- D - Death
- DT - Disqualifying Transfer
- I - Institutional Care
- M - Moved
- MW - Transferred to Medicaid Waiver
- N - No longer eligible
- NM - No longer eligible for Medicaid
- NF - No longer functionally eligible
- EP - Transferred to ExSPED
- S - Transferred to SPED
- T - Transferring to another county (complete section below)
- TPC - Transferred to Personal Care-State Medicaid Plan
- O - Other (Specify:)

Transfer Case to Another County Section

PROVIDER TERMINATION

Please complete this section **ONLY** if the Provider is terminating their status as a QSP when the above client's case closes or is transferred.

Forward to Medical Services/HCBS within 3 working days.